Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
900 19TH STREET NW NO 700

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20006

D Employer identification number 53-0175639

E Telephone number (202) 429-9260

G Gross receipts $ 22,850,246

F Name and address of principal officer
SCOTT M MELVILLE
900 19TH STREET NW NO 700
WASHINGTON,DC 20006

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW CHPA-INFO ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1977

M State of legal domicile DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
CHPA IS COMMITTED TO PROMOTING THE INCREASINGLY VITAL ROLE OF OVER-THE-COUNTER MEDICINES AND NUTRITIONAL SUPPLEMENTS IN AMERICA'S HEALTHCARE SYSTEM THROUGH SCIENCE, EDUCATION, AND ADVOCACY THE ASSOCIATION PROVIDES LEADERSHIP AND GUIDANCE ON REGULATORY AND SCIENTIFIC ISSUES TO CONGRESS, STATE LEGISLATURES, AND FEDERAL, STATE, AND INTERNATIONAL GOVERNMENT AGENCIES CHPA SHARES TOOLS AND INFORMATION WITH PARTNERS ACROSS THE GLOBE TO ENSURE THE SAFE AND RESPONSIBLE USE OF OTC MEDICINES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	44
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	44
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	40
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	16,707,122	22,744,071
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	132,530	106,175
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,839,652	22,850,246
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	146,802	125,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,371,649	6,199,817
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	9,822,122	16,493,753
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,340,573	22,819,070
	19	Revenue less expenses Subtract line 18 from line 12	499,079	31,176

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,656,361	10,159,465
	21	Total liabilities (Part X, line 26)	5,689,698	5,849,332
	22	Net assets or fund balances Subtract line 21 from line 20	3,966,663	4,310,133

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date 2011-04-26

▶ SCOTT M MELVILLE PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ JOHNSON LAMBERT & CO LLP				Firm's EIN ▶
Firm's address ▶ 700 SPRING FOREST ROAD STE 115 RALEIGH, NC 27609				Phone no ▶ (919) 719-6400

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

CHPA IS COMMITTED TO PROMOTING THE INCREASINGLY VITAL ROLE OF OVER-THE-COUNTER MEDICINES AND NUTRITIONAL SUPPLEMENTS IN AMERICA'S HEALTHCARE SYSTEM THROUGH SCIENCE, EDUCATION, AND ADVOCACY THE ASSOCIATION PROVIDES LEADERSHIP AND GUIDANCE ON REGULATORY AND SCIENTIFIC ISSUES TO CONGRESS, STATE LEGISLATURES, AND FEDERAL, STATE, AND INTERNATIONAL GOVERNMENT AGENCIES CHPA SHARES TOOLS AND INFORMATION WITH PARTNERS ACROSS THE GLOBE TO ENSURE THE SAFE AND RESPONSIBLE USE OF OTC MEDICINES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ including grants of $) (Revenue $)

TASK GROUP INITIATIVES GROUPS OF MEMBERS FUND TASK GROUPS TO UNDERTAKE SCIENTIFIC, REGULATORY, LEGISLATIVE, OR EDUCATIONAL ISSUES OR PROGRAMS ON SPECIFIC, SAFE, AND EFFECTIVE OVER-THE-COUNTER INGREDIENTS

4b (Code) (Expenses $ including grants of $) (Revenue $)

PUBLIC AFFAIRS PROVIDE INFORMATION OF INTEREST ABOUT OUR INDUSTRY TO THE PUBLIC AND TO MEMBERS OF OUR INDUSTRY

4c (Code) (Expenses $ including grants of $) (Revenue $)

REGULATORY & SCIENTIFIC AFFAIRS MONITOR EVENTS OF INTEREST TO OUR MEMBERS AND THE INDUSTRY REGARDING OTC AND NUTRITIONAL PRODUCTS TO FEDERAL REGULATORY AGENCIES

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses**▶$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	79			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	40			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 44			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ROMAN BLAZAUSKAS
900 19TH STREET NW SUITE 700
WASHINGTON, DC 20006
(202) 429-9260

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII . . . .☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CHRISTOPHER B ASCHER BOARD MEMBER	1 00	X						0	0	0
(2) BRIAIN DE BUITLEIR BOARD MEMBER	1 00	X						0	0	0
(3) RONALD BALASCO JR BOARD MEMBER	1 00	X						0	0	0
(4) JOHN P BORNEMAN PHD BOARD MEMBER	1 00	X						0	0	0
(5) ORAY B BOSTON JR BOARD MEMBER	1 00	X						0	0	0
(6) MICHAEL J DONNANTUONO BOARD MEMBER	1 00	X						0	0	0
(7) BRIAN J MCNAMARA BOARD MEMBER	1 00	X						0	0	0
(8) SCOTT R EMERSON BOARD MEMBER	1 00	X						0	0	0
(9) JAMES DIBIASI BOARD MEMBER	1 00	X						0	0	0
(10) ZAN GUERRY BOARD MEMBER	1 00	X						0	0	0
(11) PATRICK HENNIG BOARD MEMBER	1 00	X						0	0	0
(12) JEFFREY S HIMMEL BOARD MEMBER	1 00	X						0	0	0
(13) DANIEL R JOHNSON ESQ BOARD MEMBER	1 00	X						0	0	0
(14) EDWARD C KUEHNLE BOARD MEMBER	1 00	X						0	0	0
(15) WILLIAM J HEMELT BOARD MEMBER	1 00	X						0	0	0
(16) DIANE K MANWARING BOARD MEMBER	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) DAVID J LONG BOARD MEMBER	1 00	X						0	0	0
(18) ROBERT M WENGEL BOARD MEMBER	1 00	X						0	0	0
(19) GREGORY C PULIDO BOARD MEMBER	1 00	X						0	0	0
(20) ADAM D RACZKOWSKI BOARD MEMBER	1 00	X						0	0	0
(21) BILL SEIDEN BOARD MEMBER	1 00	X						0	0	0
(22) SHEILA HOPKINS BOARD MEMBER	1 00	X						0	0	0
(23) NEILL B WALSDORF JR BOARD MEMBER	1 00	X						0	0	0
(24) AKIYOSHI YOSHIDA PHD BOARD MEMBER	1 00	X						0	0	0
(25) MATTHEW M MANNELLY BOARD MEMBER	1 00	X						0	0	0
(26) JAMES L MEDFORD BOARD MEMBER	1 00	X						0	0	0
(27) JEFFREY R ROWAN BOARD MEMBER	1 00	X						0	0	0
(28) RANDY SLOAN BOARD MEMBER	1 00	X						0	0	0
(29) MICHAEL A ZEHER BOARD MEMBER	1 00	X						0	0	0
(30) COLLEEN E JAY BOARD MEMBER THRU 8/10	1 00	X						0	0	0
(31) PAUL WENINGER CHAIR OF MANUFACTURING CONTROL COMMITTEE	1 00	X						0	0	0
(32) SUSAN BEAVIS CHAIR OF MANUFACTURING CONTROL COMM THRU 2/2010	1 00	X						0	0	0
(33) PHILLIP DRITSAS BOARD MEMBER AND CHAIR OF BUSINESS DEVELOPMENT COM	1 00	X						0	0	0
(34) SUSAN E JAMES CHAIR OF SCIENTIFIC AFFAIRS COMMITTEE	1 00	X						0	0	0
(35) PETER N STEVENS ESQ CHAIR OF GOVERNMENT AFFAIRS COMMITTEE	1 00	X						0	0	0
(36) TERRY BOYLAN CHAIR OF PUB AFF COMM THRU 8/10	1 00	X						0	0	0
(37) CATHERINE A SOHN CHAIR OF INTL AFF COMM THRU 7/10	1 00	X						0	0	0
(38) TIMOTHY G HAYES IMMEDIATE PAST CHAIR	1 00	X						0	0	0
(39) CHRISTOPHER D DEWOLF CHAIR & CHAIR OF PLANNING COMMITTEE	1 00	X		X				0	0	0
(40) PATRICK M LONERGAN VICE CHAIR	1 00	X		X				0	0	0
(41) JAMES J MACKEY VICE CHAIR	1 00	X		X				0	0	0
(42) PETER B LUTHER VICE CHAIR	1 00	X		X				0	0	0
(43) ROGER SCARLETT-SMITH VICE CHAIR	1 00	X		X				0	0	0
(44) JEFFREY R NEEDHAM VICE CHAIR	1 00	X		X				0	0	0
(45) CHARLES F HOUGH VICE CHAIR THRU 8/10	1 00	X		X				0	0	0
(46) PAUL L STURMAN CHAIRMAN ELECT	1 00	X		X				0	0	0
(47) SCOTT M MELVILLE PRESIDENT & CEO	35 00			X				75,818	0	7,196
(48) LINDA A SUYDAM PRESIDENT THRU OCT 31, 2010	35 00			X				822,723	0	54,328
(49) ANDREW C FISH SECRETARY	35 00			X				167,720	0	22,118
(50) ROMAN G BLAZAUSKAS TREASURER	35 00			X				232,271	0	54,100
(51) VIRGINIA A COX SR VP, COMM & STRATEGIC	35 00			X				372,530	0	57,172
(52) DAVID C SPANGLER SR VP POLICY& INTERNATIONA	35 00			X				251,317	0	39,214
(53) THEODORE PETERSON VP, CORPORATE DEVELOPMENT	35 00			X				229,946	0	50,134
(54) HEINRICH SCHNEIDER VP, REGULATORY & SCIENTIFI	35 00			X				286,746	0	55,250
(55) BARBARA A KOCHANOWSKI VP, REGULATORY AFFAIRS	35 00			X				267,319	0	51,208
(56) ALISON M MANHOFF DEPUTY GENERAL COUNSEL	35 00					X		190,928	0	43,600
(57) AMANDA A HAGAN DIRECTOR,STATE GOVERNMENT	35 00					X		180,047	0	34,279
(58) ALLEN D SEGAL DIRECTOR, FEDERAL AFFAIRS	35 00					X		153,420	0	27,711
(59) MARCIA D HOWARD DIRECTOR, REG & SCIENTIFI	35 00					X		146,013	0	29,647
(60) ELIZABETH FUNDERBURK DIRECTOR, COMM & MEDIA RE	35 00					X		125,518	0	40,274
1b Sub-Total . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . ▶								3,502,316	0	566,231

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶13

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DANIEL J EDELMAN INC 1875 EYE STREET NW SUITE 900 WASHINGTON, DC 20006	PUBLIC RELATIONS	1,348,123
GMMB 1010 WISCONSIN AVE NW SUITE 800 WASHINGTON, DC 20007	PUBLIC RELATIONS	674,238
ROCKY MOUNTAIN POISON & DRUG CONTROL 990 BANNOCK STREET 3RD FLOOR MC 0 DENVER, CO 80204	RESEARCH	595,865
DAVID BINDER RESEARCH 44 PAGE STREET SUITE 404 SAN FRANCISCO, CA 94102	RESEARCH	567,309
WINNING CONNECTIONS INC 317 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	PUBLIC RELATIONS	416,491

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶19

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . ▶					
Program Service Revenue		Business Code				
	2a TASK GROUP STUDIES	541900	12,303,903	12,303,903		
	b MEMBERSHIP DUES	541900	9,332,023	9,332,023		
	c ANNUAL MEETING	541900	802,100			802,100
	d OTHER MEETINGS/SEMINAR	541900	275,795	171,195		104,600
	e PROJECT FEES	541700	30,250	30,250		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		22,744,071			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		106,175			106,175
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . ▶					
	8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		22,850,246	21,837,371	0	1,012,875

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	125,500			
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,097,110			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,535,879			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	207,683			
9	Other employee benefits	86,710			
10	Payroll taxes	272,435			
a	Fees for services (non-employees) Management				
b	Legal	159,376			
c	Accounting	67,346			
d	Lobbying	2,837,327			
e	Professional fundraising services *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	10,452,796			
12	Advertising and promotion				
13	Office expenses	452,298			
14	Information technology	19,206			
15	Royalties . .				
16	Occupancy	630,699			
17	Travel	511,119			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	736,915			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	112,630			
23	Insurance	63,020			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DUES & SUBSCRIPTIONS	391,925			
b	MISCELLANEOUS	33,466			
c	SPONSORSHIPS	25,500			
d	TAXES	130			
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	22,819,070			
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	400	1	400
	2	Savings and temporary cash investments	3,386,737	2	713,825
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,894,959	4	4,804,597
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	221,303	9	135,096
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* 10a 945,327			
	b	Less accumulated depreciation 10b 572,394	429,059	10c	372,933
	11	Investments—publicly traded securities	3,680,229	11	4,087,886
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	43,674	15	44,728
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	9,656,361	16	10,159,465
Liabilities	17	Accounts payable and accrued expenses	1,038,226	17	4,864,532
	18	Grants payable		18	
	19	Deferred revenue	2,420,344	19	502,475
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	2,231,128	25	482,325
	26	**Total liabilities.** Add lines 17 through 25	5,689,698	26	5,849,332
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,966,663	27	4,310,133
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,966,663	33	4,310,133
	34	Total liabilities and net assets/fund balances	9,656,361	34	10,159,465

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	22,850,246
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,819,070
3	Revenue less expenses Subtract line 2 from line 1	3	31,176
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,966,663
5	Other changes in net assets or fund balances (explain in Schedule O)	5	312,294
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,310,133

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
CONSUMER HEALTHCARE PRODUCTS ASSOCIATION	53-0175639

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ 0

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ 0

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ 0

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☑ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) CHPA POLITICAL ACTION COMMITTEE	900 19TH ST NW STE 700 WASHINGTON, DC 20006	53-0175639		1,260

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes	

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

1	Dues, assessments and similar amounts from members	1	9,332,023
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	3,563,394
b	Carryover from last year	2b	258,727
c	Total	2c	3,822,121
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	806,145
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	3,015,976
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	PART I-A, LINE 1	CHPA PAC ACCEPTS VOLUNTARY INDIVIDUAL CONTRIBUTIONS FROM ELIGIBLE STAFF AND MEMBER COMPANY EXECUTIVE PERSONNEL CHPA TRANSFERRED AMOUNTS RECEIVED VIA PAYROLL DEDUCTION ON BEHALF OF THE PAC CHPA PAC ALSO RECEIVES UNSOLICITED FUNDS FROM THE PACS OF MEMBER COMPANIES AND USES THESE CONTRIBUTIONS TO SUPPORT FEDERAL CANDIDATES FOR ELECTED OFFICE

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

Employer identification number
53-0175639

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		664,877	403,555	261,322
d Equipment		280,450	168,839	111,611
e Other				0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				372,933

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
POSTRETIREMENT HEALTH BENEFITS	241,526
PENSION MINIMUM LIABILITY	240,799
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	482,325

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	2	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	2	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

Employer identification number
53-0175639

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	INTERNATIONAL AFFAIRS	128,360
	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNATIONAL AFFAIRS	7,045
3a	Sub-total		0			135,405
b	Total from continuation sheets to Part I		0			0
c	**Totals** (add lines 3a and 3b)		0			135,405

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

Employer identification number
53-0175639

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . . ▶ ☐

1 (a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
(1) CHPA EDUCATION FOUNDATION900 19TH STREET NW SUITE 700 WASHINGTON, DC 20006	20-0689578	501(C)(3)	100,000				GENERAL SUPPORT
(2) AMERICAN FOUNDTION FOR PHARMACEUTICAL EDUCATIONONE CHURCH STREET SUITE 400 ROCKVILLE, MD 20850	53-0214882	501(C)(3)	7,500				GENERAL SUPPORT
(3) SEWALL-BELMONT HOUSE & MUSEUM144 CONSTITUTION AVE NE WASHINGTON, DC 20002	53-0116540	501(C)(3)	5,000				GENERAL SUPPORT
(4) ALLIANCE FOR HEALTH REFORM1444 EYE STREET NW SUITE 910 WASHINGTON, DC 20005	52-1746328	501(C)(3)	5,000				GENERAL SUPPORT
(5) ASTHMA & ALLERGY FOUNDATION8201 CORPORATE DRIVE SUITE 1000 LANDOVER, MD 20785	13-1691693	501(C)(3)	5,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . . ▶ 5

3 Enter total number of other organizations . . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ASSISTANCE IS GIVEN TO CHPA EDUCATION FOUNDATION (A RELATED ENTITY) BASED ON NEED TO SUPPORT THE EXEMPT PURPOSE OF THE ORGANIZATION THE TWO RELATED ORGANIZATIONS ARE CONSOLIDATED FOR AUDIT PURPOSES ENSURING THE PROPER USE AND DOCUMENTATION FOR THE ASSISTANCE

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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

Employer identification number
53-0175639

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) LINDA A SUYDAM	(i)	649,832	150,000	22,891	28,750	25,578	877,051	0
	(ii)	0	0	0	0	0	0	0
(2) ANDREW C FISH	(i)	158,904	0	8,816	3,237	18,881	189,838	0
	(ii)	0	0	0	0	0	0	0
(3) ROMAN G BLAZAUSKAS	(i)	216,281	15,000	990	19,890	34,210	286,371	0
	(ii)	0	0	0	0	0	0	0
(4) VIRGINIA A COX	(i)	260,949	20,000	91,581	21,099	36,073	429,702	0
	(ii)	0	0	0	0	0	0	0
(5) DAVID C SPANGLER	(i)	230,687	20,000	630	20,835	18,379	290,531	0
	(ii)	0	0	0	0	0	0	0
(6) THEODORE PETERSON	(i)	212,780	15,000	2,166	17,878	32,256	280,080	0
	(ii)	0	0	0	0	0	0	0
(7) HEINRICH SCHNEIDER	(i)	270,780	15,000	966	22,069	33,181	341,996	0
	(ii)	0	0	0	0	0	0	0
(8) BARBARA A KOCHANOWSKI	(i)	225,401	15,000	26,918	20,700	30,508	318,527	0
	(ii)	0	0	0	0	0	0	0
(9) ALISON M MANHOFF	(i)	181,061	9,600	267	15,901	27,699	234,528	0
	(ii)	0	0	0	0	0	0	0
(10) AMANDA A HAGAN	(i)	171,117	8,640	290	15,542	18,737	214,326	0
	(ii)	0	0	0	0	0	0	0
(11) ALLEN D SEGAL	(i)	147,737	5,410	273	13,907	13,804	181,131	0
	(ii)	0	0	0	0	0	0	0
(12) MARCIA D HOWARD	(i)	138,747	6,990	276	12,582	17,065	175,660	0
	(ii)	0	0	0	0	0	0	0
(13) ELIZABETH FUNDERBURK	(i)	118,581	6,710	227	11,709	28,565	165,792	0
	(ii)	0	0	0	0	0	0	0
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	BUSINESS CLASS TRAVEL IS AN OPTION FOR ASSOCIATION REPRESENTATIVES TRAVELING OVERSEAS THE AMOUNTS ASSOCIATION WITH BUSINESS CLASS TRAVEL IS NOT INCLUDED IN THE INDIVIDUALS TAXABLE INCOME COMPANION TRAVEL IS PROVIDED TO THE PRESIDENT'S SPOUSE FOR ASSOCIATION FUNCTIONS THE AMOUNT RELATED TO SPOUSE TRAVEL IS INCLUDED IN TAXABLE INCOME AND GROSSED-UP FOR TAX PURPOSES
	PART I, LINE 4A	VIRGINIA A COX RECEIVED SEVERANCE IN THE AMOUNT OF $74,254

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

Employer identification number
53-0175639

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1) 3D COMMUNICATIONS	OWNERSHIP BY BOARD MEMBER AND FAMILY	296,070	CONSULTING SERVICES		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493116007081

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

Employer identification number
53-0175639

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION IS ORGANIZED AS AN ASSOCIATION WITH MEMBERS ACTIVE MEMBERS HAVE THE RIGHT TO VOTE FOR THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ACTIVE MEMBERS ARE ENTITLED TO VOTE FOR THE GOVERNING BODY/BOARD OF DIRECTORS THE OFFICERS AND MEMBERS OF THE GOVERNING BODY ARE ELECTED AT THE ANNUAL MEETING OF THE ASSOCIATION, OR ANY SPECIAL MEETING CALLED AND HELD FOR THAT PURPOSE IN ABSENCE OF THIS MEETING THE BOARD OF DIRECTORS CAN FILL VACANCIES DURING THE YEAR

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE ASSOCIATION WILL ELECTRONICALLY SEND A COPY OF THE 2010, 990 TAX RETURN TO THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN WITH THE IRS THIS WILL SERVE AS A COMMUNICATION TO THE BOARD OF DIRECTORS REGARDING THE INFORMATION CONTAINED IN THE RETURN AND THAT THE RETURN IS IN THE PROCESS OF BEING FILED MEMBERS OF THE ORGANIZATION'S MANAGEMENT WILL ALSO REVIEW THE FINAL FORM 990 PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND KEY STAFF ARE REQUIRED TO ANNUALLY SIGN A DOCUMENT INQUIRING IF THERE ARE ANY CONFLICTS OF INTEREST FOR EACH INTEREST DISCLOSED, THE CHPA EXECUTIVE COMMITTEE CAN (A) TAKE NO ACTION, (B) ASSURE FULL DISCLOSURE TO THE BOARD OF DIRECTORS, (C) ASK THE PERSON TO RECUSE HIMSELF/HERSELF FROM PARTICIPATION IN RELATED BOARD DISCUSSIONS OR DECISIONS, OR (D) RECOMMEND ADDITIONAL BOARD ACTION CHPA'S PRESIDENT AND GENERAL COUNSEL WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DISCLOSE THEM TO THE EXECUTIVE BOARD IN ORDER TO DEAL WITH POTENTIAL OR ACTUAL CONFLICTS, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURRED DISCUSSION AND DECISIONS REGARDING CONFLICTS OF INTEREST SHALL BE PROPERLY RECORDED IN THE MINUTES OF THE EXECUTIVE COMMITTEE AND BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT, SENIOR VICE PRESIDENTS, AND VICE PRESIDENTS COMPENSATION WERE REVIEWED BY AN OUTSIDE THIRD PARTY CONSULTING FIRM IN THE FOURTH QUARTER OF 2010 THE CONSULTING FIRM COLLECTED COMPARABLE COMPENSATION DATA FROM SIMILAR ORGANIZATION'S 990 TAX RETURNS AND COMPENSATION SURVEYS OF OTHER LIKE ORGANIZATIONS COMPENSATION RECOMMENDATIONS WERE MADE TO THE ASSOCIATION'S PERSONNEL COMMITTEE AND THE EXECUTIVE GROUP OF THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE APPROVED THE CURRENT COMPENSATION IN OCTOBER 2010 15B THE ASSOCIATION RETAINS AN INDEPENDENT OUTSIDE COMPENSATION CONSULTING FIRM TO REVIEW AND COMPARE SALARIES OF OTHER OFFICERS AND KEY EMPLOYEES WITH COMPARABLE POSITIONS WITHIN THE INDUSTY THE RESULTS ARE PRESENTED TO THE PERSONNEL COMMITTEE OF THE GOVERNING BODY FOR APPROVAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT THE PRESENT TIME

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS (LOSSES) ON INTVESTMENTS 312,294 TOTAL TO FORM 990, PART XI, LINE 5 312,294

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

Employer identification number
53-0175639

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	No
(1) CHPA EDUCATIONAL FOUNDATION 900 19TH STREET NW SUITE 700 WASHINGTON, DC 20006 20-0689578	EDUCATION	DE	501 (C) 3	11A	N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		No
b Gift, grant, or capital contribution to other organization(s)	**1b**	Yes	
c Gift, grant, or capital contribution from other organization(s)	**1c**		No
d Loans or loan guarantees to or for other organization(s)	**1d**		No
e Loans or loan guarantees by other organization(s)	**1e**		No
f Sale of assets to other organization(s)	**1f**		No
g Purchase of assets from other organization(s)	**1g**		No
h Exchange of assets	**1h**		No
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**		No
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**		No
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		No
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		No
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**	Yes	
n Sharing of paid employees	**1n**	Yes	
o Reimbursement paid to other organization for expenses	**1o**		No
p Reimbursement paid by other organization for expenses	**1p**	Yes	
q Other transfer of cash or property to other organization(s)	**1q**		No
r Other transfer of cash or property from other organization(s)	**1r**		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 53-0175639
Name: CONSUMER HEALTHCARE PRODUCTS ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER B ASCHER BOARD MEMBER	1 00	X						0	0	0
BRIAIN DE BUITLEIR BOARD MEMBER	1 00	X						0	0	0
RONALD BALASCO JR BOARD MEMBER	1 00	X						0	0	0
JOHN P BORNEMAN PHD BOARD MEMBER	1 00	X						0	0	0
ORAY B BOSTON JR BOARD MEMBER	1 00	X						0	0	0
MICHAEL J DONNANTUONO BOARD MEMBER	1 00	X						0	0	0
BRIAN J MCNAMARA BOARD MEMBER	1 00	X						0	0	0
SCOTT R EMERSON BOARD MEMBER	1 00	X						0	0	0
JAMES DIBIASI BOARD MEMBER	1 00	X						0	0	0
ZAN GUERRY BOARD MEMBER	1 00	X						0	0	0
PATRICK HENNIG BOARD MEMBER	1 00	X						0	0	0
JEFFREY S HIMMEL BOARD MEMBER	1 00	X						0	0	0
DANIEL R JOHNSON ESQ BOARD MEMBER	1 00	X						0	0	0
EDWARD C KUEHNLE BOARD MEMBER	1 00	X						0	0	0
WILLIAM J HEMELT BOARD MEMBER	1 00	X						0	0	0
DIANE K MANWARING BOARD MEMBER	1 00	X						0	0	0
DAVID J LONG BOARD MEMBER	1 00	X						0	0	0
ROBERT M WENGEL BOARD MEMBER	1 00	X						0	0	0
GREGORY C PULIDO BOARD MEMBER	1 00	X						0	0	0
ADAM D RACZKOWSKI BOARD MEMBER	1 00	X						0	0	0
BILL SEIDEN BOARD MEMBER	1 00	X						0	0	0
SHEILA HOPKINS BOARD MEMBER	1 00	X						0	0	0
NEILL B WALSDORF JR BOARD MEMBER	1 00	X						0	0	0
AKIYOSHI YOSHIDA PHD BOARD MEMBER	1 00	X						0	0	0
MATTHEW M MANNELLY BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES L MEDFORD BOARD MEMBER	1 00	X						0	0	0
JEFFREY R ROWAN BOARD MEMBER	1 00	X						0	0	0
RANDY SLOAN BOARD MEMBER	1 00	X						0	0	0
MICHAEL A ZEHER BOARD MEMBER	1 00	X						0	0	0
COLLEEN E JAY BOARD MEMBER THRU 8/10	1 00	X						0	0	0
PAUL WENINGER CHAIR OF MANUFACTURING CONTROL COMMITTEE	1 00	X						0	0	0
SUSAN BEAVIS CHAIR OF MANUFACTURING CONTROL COMM THRU 2/2010	1 00	X						0	0	0
PHILLIP DRITSAS BOARD MEMBER AND CHAIR OF BUSINESS DEVELOPMENT COM	1 00	X						0	0	0
SUSAN E JAMES CHAIR OF SCIENTIFIC AFFAIRS COMMITTEE	1 00	X						0	0	0
PETER N STEVENS ESQ CHAIR OF GOVERNMENT AFFAIRS COMMITTEE	1 00	X						0	0	0
TERRY BOYLAN CHAIR OF PUB AFF COMM THRU 8/10	1 00	X						0	0	0
CATHERINE A SOHN CHAIR OF INTL AFF COMM THRU 7/10	1 00	X						0	0	0
TIMOTHY G HAYES IMMEDIATE PAST CHAIR	1 00	X						0	0	0
CHRISTOPHER D DEWOLF CHAIR & CHAIR OF PLANNING COMMITTEE	1 00	X		X				0	0	0
PATRICK M LONERGAN VICE CHAIR	1 00	X		X				0	0	0
JAMES J MACKEY VICE CHAIR	1 00	X		X				0	0	0
PETER B LUTHER VICE CHAIR	1 00	X		X				0	0	0
ROGER SCARLETT-SMITH VICE CHAIR	1 00	X		X				0	0	0
JEFFREY R NEEDHAM VICE CHAIR	1 00	X		X				0	0	0
CHARLES F HOUGH VICE CHAIR THRU 8/10	1 00	X		X				0	0	0
PAUL L STURMAN CHAIRMAN ELECT	1 00	X		X				0	0	0
SCOTT M MELVILLE PRESIDENT & CEO	35 00			X				75,818	0	7,196
LINDA A SUYDAM PRESIDENT THRU OCT 31, 2010	35 00			X				822,723	0	54,328
ANDREW C FISH SECRETARY	35 00			X				167,720	0	22,118
ROMAN G BLAZAUSKAS TREASURER	35 00			X				232,271	0	54,100

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
VIRGINIA A COX SR VP, COMM & STRATEGIC	35 00			X				372,530	0	57,172
DAVID C SPANGLER SR VP POLICY& INTERNATIONA	35 00			X				251,317	0	39,214
THEODORE PETERSON VP, CORPORATE DEVELOPMENT	35 00			X				229,946	0	50,134
HEINRICH SCHNEIDER VP, REGULATORY & SCIENTIFI	35 00			X				286,746	0	55,250
BARBARA A KOCHANOWSKI VP, REGULATORY AFFAIRS	35 00			X				267,319	0	51,208
ALISON M MANHOFF DEPUTY GENERAL COUNSEL	35 00					X		190,928	0	43,600
AMANDA A HAGAN DIRECTOR,STATE GOVERNMENT	35 00					X		180,047	0	34,279
ALLEN D SEGAL DIRECTOR, FEDERAL AFFAIRS	35 00					X		153,420	0	27,711
MARCIA D HOWARD DIRECTOR, REG & SCIENTIFI	35 00					X		146,013	0	29,647
ELIZABETH FUNDERBURK DIRECTOR, COMM & MEDIA RE	35 00					X		125,518	0	40,274

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ including grants of $) (Revenue $)

GOVERNMENT RELATIONS, INTERNATIONAL AFFAIRS & LEGAL, CORPORATE DEVELOPMENT, AND ANNUAL MEETING